

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

S

W-02822A
Sleepy Hollow Mobile Home Estates
6001 S. Palo Verde
Tucson, AZ 85706

RECEIVED

FEB 06 2006

Arizona Corporation Commission
Director of Utilities

ANNUAL REPORT

FOR YEAR ENDING

12	31	2005
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FOR COMMISSION USE

ANN04	05
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COMPANY INFORMATION

Company Name (Business Name) <u>SLEEPY Hollow Mobile Home Estates</u>		
Mailing Address <u>6001 So. PALM VERDE</u>		
<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85706</u> (Zip)
<u>520-6247775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-4407529</u> Pager/Cell No. (Include Area Code)
Email Address _____		
Local Office Mailing Address _____		
_____ (City)	_____ (State)	_____ (Zip)
_____ Local Office Telephone No. (Include Area Code)	_____ Fax No. (Include Area Code)	_____ Pager/Cell No. (Include Area Code)
Email Address _____		

MANAGEMENT INFORMATION

Management Contact: _____			
_____ (Name)		_____ (Title)	
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
_____ Telephone No. (Include Area Code)	_____ Fax No. (Include Area Code)	_____ Pager/Cell No. (Include Area Code)	
Email Address _____			
On Site Manager: <u>Danny NG</u>			
_____ (Name)		_____ (Title)	
<u>615 W. ACTURA ST.</u> (Street)	<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85705</u> (Zip)
<u>520-6247775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-4407529</u> Pager/Cell No. (Include Area Code)	
Email Address _____			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: _____
(Name)

(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Attorney: ALBERT HARTWELL
(Name)

177 N. CHURCH AVE Suite 200 Tucson, AZ 85701
(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input checked="" type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input checked="" type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	30,000.00	29,000.00	1,000.00
304	Structures and Improvements			
307	Wells and Springs	5,000.00	4,000.00	1,000.00
311	Pumping Equipment	7,000.00	7,000.00	0
320	Water Treatment Equipment	2,000.00	2,000.00	0
330	Distribution Reservoirs and Standpipes	11,000.00	4,400.00	6,600.00
331	Transmission and Distribution Mains	125,000.00	89,500.00	35,500.00
333	Services	10,000.00	9,000.00	1,000.00
334	Meters and Meter Installations	3,000.00	1,000.00	2,000.00
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	20,000.00	9,000.00	11,000.00
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	195,000.00	146,800.00	48,200.00

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Sleepy Hollow M. H. Estate

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

THE SYSTEM WAS BUILT IN

1947 THE SYSTEM IS
58 YEAR OLD.THIS SYSTEM IS INSIDE
THE TRL PARK ONLY.THIS SYSTEM TAKE
GROUND WATER WELL ONLYFOR THE TRL PARK
TENANT USE ONLYWE CAN GO TO CITY OF
TULSA WATER WITHIN
2 MINUTE, JUST
TURN IT ON.

WON'T BE LONG OUR WATER

WELL WILL BE DRY.THEREFORE WE HAVE TO
GO TO CITY WATER. IT COST
TO MUCH TO REPAIR +This amount goes on the Comparative Statement of Income and Expense
Acct. No. 403.WATER
TESTING.THANK YOU
DANNY NO owner
PR. owner
520-4407529
5

COMPANY NAME

Sleepy Hollow Double Horse Estate

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

THIS IS A TR PARK
 WE HAVE A PRIVATE WATER
 WELL, ONLY FOR OUR TENANTS
 USE. WE DO NOT SEE WATER
 OUT OF OUR TR PARK.
 WE CAN GO TO TUCKER CITY WATER
 WITHIN (2) MINUTES JUST TURN IT
 ON.
 THANK YOU
 DANNY MC
 PR owner

COMPANY NAME

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

COMPANY NAME

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 1,360,720	\$ 1,541,981
460	Unmetered Water Revenue	0	0
474	Other Water Revenues	0	0
	TOTAL REVENUES	\$ 1,360,720	\$ 1,541,981
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 750.00	\$ 990.00
610	Purchased Water		
615	Purchased Power	4,100.00	4,950.00
618	Chemicals		
620	Repairs and Maintenance	925.00	1,405.00
621	Office Supplies and Expense	101.00	115.00
630	Outside Services	1,315.00	1,415.00
635	Water Testing	4,011.30	4,120.00
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	1,200.00	1,200.00
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes	855.02	858.11
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 13,246.32	\$ 15,053.11
	OPERATING INCOME/(LOSS)	\$ 36,088	\$ 366,70
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ 36,088	\$ 366,70

COMPANY NAME

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$ N/A	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$

Meter Deposits Refunded During the Test Year

\$

COMPANY NAME

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
604101	25	140 US GPM	150'	3"	3"	1990

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
IF WATER WELLS BREAK DOWN, WE CAN TURN ON CITY TUCKER WATER WITHIN (2) Minute		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
		5000 g	(1)

COMPANY NAME

Sleepy Hollow Public Works Dept

WATER COMPANY PLANT DESCRIPTION (CONTINUED)**MAINS**

Size (in inches)	Material	Length (in feet)
2	Copper + PVC	6500
3		
4		
5		
6		
8		
10		
12		

2000 PVC
8500 Copper**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	
3/4	86
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

None

STRUCTURES:

FENCES 100' TO ENCLOSED WELL + PRESSURE TANK.

OTHER:

COMPANY NAME: SLEEPY Hollow Mobile Home & RV Park

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2005

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	90		45,800.00
FEBRUARY	91		46,400.00
MARCH	86		45,200.00
APRIL	88		45,500.00
MAY	88		44,000.00
JUNE	87		55,000.00
JULY	88		57,000.00
AUGUST	86		59,000.00
SEPTEMBER	85		57,000.00
OCTOBER	90		58,000.00
NOVEMBER	90		55,000.00
DECEMBER	88		52,000.00
TOTAL			619,700.00

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☒ Yes

☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes

☒ No

If yes, provide the GPCPD amount: _____

What is the level of arsenic for each well on your system.

(If more than one well, please list each separately.)

0.1 MGL 0.1 mg/l

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME

Slippy Hollow
McBride Horse Estate

YEAR ENDING 12/31/2005

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2005 was: \$ 85811

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why.

Enclosed with photo copy
with return
of tax bill

PIA COUNTY

2005 PROPERTY TAX STATEMENT

ARIZONA

PRIMARY TAX RATE PER
\$100 ASSESSED VALUE
9.8295

SECONDARY TAX RATE PER
\$100 ASSESSED VALUE
6.1470

IRRIGATION DISTRICT
\$ PER ACRE

01 20007

1200

VALUE IN DOLLARS

ASSESSMENT
RATIO

ASSESSED VALUE
IN DOLLARS

EXEMPTIONS

NET ASSESSED
VALUE

22,000

25.0

5,500

5,500

PERSONAL PROPERTY

PRIMARY PROPERTY TAX

LESS STATE AID TO EDUCATION

NET PRIMARY PROPERTY TAX

SECONDARY PROPERTY TAX

TOTAL TAX DUE FOR 2005

TOTAL VALUE OF OPERATING PROPERTY -
EXEMPT GROUP NO 010

*for Sitt,
water
well
TAX*

*SLEEPY
HOLLOW
WATER
WELL
TAX*

*PAID
check \$103.45
10-4-05
Sitt*

TOTALS

858.11

855.02

3.09

PAYMENT INSTRUCTIONS

To pay the 1st half instalment
and the 1st half coupon with
your payment postmarked no
later than... To pay
the 2nd half instalment, send
the 2nd half coupon with your
payment postmarked no later
than... The mini-
mum acceptable payment is
the payment due,
whichever is greater.

0023506 01 AV 0.278 **AUTO T2 0 0781 85706-475299

|||||
SLEEPY HOLLOW MOBILE HOME ESTATES
DANNY F NG
6001 S PALO VERDE
TUCSON AZ 85706-4752

THERE WILL BE A \$25 CHARGE FOR EACH RETURNED CHECK
AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

Please make your check
payable to
Beth Ford, Pima County Treasurer
and mail to:

Beth Ford
Pima County Treasurer
PO Box 98765
Phoenix AZ 85038-0765

PLEASE INCLUDE YOUR
STATE CODE WITH
ON YOUR CHECK.

*for
2005
TAX*

111310346
10/20/2005
734988111

This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.

5002/02/01 C94E01E111

111986462

THIS CHECK IS GUARANTEED FOR PAYMENT BY THE FOLLOWING ACCOUNTS	
DATE	AMOUNT
10/10/2005	

SLEEPY HOLLOW MOBILE HOMES ESTATES
815 W. ALTURA ST. PH. 520-824-7775
TUCSON, AZ 85705

DATE 10-10-05

PAY TO THE ORDER OF Pima County Treasurer \$ 838.11
Ernst Hotel 2147 Leno Clarke Ave DOLLARS

JPMORGAN CHASE BANK, N.A.
PHOENIX, ARIZONA 85009

⑈000103⑈ ⑆122100024⑆ 20194252⑈

⑈000103⑈ ⑆122100024⑆ 20194252⑈

⑈0000085811⑈

PLEASE
TURN OVER
THE PAGE
TO SEE BACK OF CHECK.

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)		
NAME (OWNER OR OFFICIAL) TITLE		
COMPANY NAME		

N/A

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

N/A

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

COUNTY NAME

MONTH

.20__

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

COMPANY NAME SLEEPY Hollow Mobile Home Park YEAR ENDING 12/31/2005

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported 15,419.81
Estimated or Actual Federal Tax Liability 1,650.00

State Taxable Income Reported 15,419.81
Estimated or Actual State Tax Liability 260.00

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected N/A
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Danny F. NG
SIGNATURE

1-20-2006
DATE

DANNY F. NG
PRINTED NAME

PR OWNER
TITLE

RECEIVED

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

FEB 06 2006

**Arizona Corporation Commission
Director of Utilities**

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2005 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ _____

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$ _____
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

(SEAL)

COUNTY NAME	
MONTH	.20__

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

RECEIVED

FEB 06 2006

Arizona Corporation Commission
Director of Utilities

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	PIMA	
NAME (OWNER OR OFFICIAL)	Danny F. NG	TITLE PRR OWNER
COMPANY NAME	SLEEPY HOLLOW MOBILE HOME ESTATE	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ 15,419.81

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 1153.21
IN SALES TAXES BILLED, OR COLLECTED)

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**

Danny F. NG PRR. OWNER
SIGNATURE OF OWNER OR OFFICIAL
520-4407529
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

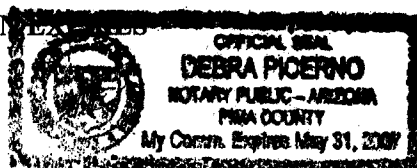
19

DAY OF

NOTARY PUBLIC NAME	Debra Picerno	
COUNTY NAME	Pima	
MONTH	JAN.	2006

(SEAL)

MY COMMISSION



X

Debra Picerno
SIGNATURE OF NOTARY PUBLIC